

Provider Communication

Subject: Spacer Coverage -GMAC Application Outpatient Pharmacy Program	Priority: High
Date: July 8, 2005	Message ID: ACSBNR07082005_2

Dear Provider:

Spacer Coverage -GMAC Application Outpatient Pharmacy Program

Spacer coverage- limited number of covered NDCS and GMAC effective August 1, 2005

Effective 8/1/05, the following will be additions to the GMAC list.

Please note: the spacers listed below are the only spacers reimbursed for Medicaid/Peachcare members.

SPACER MAC PRICING EFFECTIVE 8/1/05		
SPACER	NDC	MAC PRICE EFFECT. 8/1/05
ACE AEROSOL CLOUD ENHANCER	49502-0203-01	\$ 15.7500
AEROCHAMBER	00456-3154-67	\$ 32.0565
AEROCHAMBER W/MASK	00456-0745-13	\$ 43.2180
AEROCHAMBER W/MASK-LARGE	00456-0746-13	\$ 43.2180
AEROCHAMBER W/MASK-SMALL	00456-0744-13	\$ 43.2180
BREATHERITE MDI SPACER	11391-0302-03	\$ 16.8000
BREATHERITE MDI SPACER	11391030100	\$ 10.7520
BREATHERITE MDI SPACER	11391-0302-00	\$ 10.7520
BREATHERITE MDI SPACER	11391-0302-02	\$ 16.8000
BREATHERITE MDI SPACER	11391030204	\$ 16.8000
BREATHERITE MDI SPACER	11391030205	\$ 16.8000
BREATHERITE MDI SPACER	11391030201	\$ 16.8000
EASIVENT HOLDING CHAMBER	49502020725	\$ 12.6000
EASIVENT HOLDING CHAMBER	49502-0207-01	\$ 13.6500

E-Z SPACER	59196-0009-01	\$ 28.3500
E-Z SPACER & MASK	59196-0029-01	\$ 36.7500
E-Z SPACER MASK, SMALL	59196-0020-01	\$ 11.0250
INSPIREASE DRUG DLVRY SYSTEM	00085-4602-02	\$ 21.4830
INSPIREASE MOUTHPIECE	00085-4604-01	\$ 5.3307
INSPIREASE REPL MOUTHPIECE	00085-4604-02	\$ 15.5505
INSPIREASE RESERVOIR BAGS	00085-4602-70	\$ 2.5848
INSPIREASE RESERVOIR BAGS	00085-4602-03	\$ 3.8745
MICROCHAMBER	47360017202	\$ 11.0250
MICROSPACER AEROSOL DEVICE	47360-0172-01	\$ 4.1475
OPTICHAMBER ADV W/MED MASK	08373-0802-10	\$ 25.3680
OPTICHAMBER ADV W/SML MASK	08373080110	\$ 25.3680
OPTICHAMBER ADVANTAGE	08373080010	\$ 16.9680
OPTICHAMBER ADVANTAGE	08373080050	\$ 16.9680
OPTIHALER	08373076510	\$ 10.7835
OPTIHALER	08373-0765-50	\$ 10.7835
SPACE CHAMBER HOLDING CHMBR	83490044020	\$ 20.9475
SPACE CHAMBER HOLDING CHMBR	44229044020	\$ 20.9475
ZOEY OPTICHAMBER ADVANTAGE	08373-0800-30	\$ 18.6480

Focalin Xr- Preferred Status Effective July 1, 2005

Please be advised that Focalin XR obtained preferred status on July 1, 2005. The drug still requires prior approval for members greater than or equal to 21 years old.

New Additions to Medicare-Part B Exclusions: Effective 7/01/2005

Please be advised that the following drugs have been added to the Medicare-Part B exclusions listing effective 7/01/2005. Outpatient pharmacy providers should first submit claims to Medicare for the drugs

listed below for all dual eligible. Please review Appendix G of the Policies and Procedures for Pharmacy Services Manual, July 1, 2005 edition for a description of how to process Medicare coverage exclusions.

- Myfortic (mycophenolic acid)
- Emend (aprepitant)
- Miacalcin inj (calcitonin-salmon)
- Forteo (teriparatide)
- Factor IX Concentrates
- Antihemophilic Factor (Factor VIII; AHF)
- Coagulation Factor VIIa (Recombinant)
- Anti-Inhibitor Coagulant Complex
- Von Willenbrand Factor Complex
- IVIG (immune globulin)
- Trexall (methotrexate sodium)

Please share this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia. Please contact the medicaid pharmacy unit at 404-656-4044 should you have questions or require clarification.

Sincerely,

*Georgia Department of Community Health
Division of Medical Assistance*